PEST AVAILABLE COPY

pplication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000)		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS			22				ſ	RATE	FEE] [RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	· 710.00	
TOTAL CHARGEABLE CLAIMS			22 minus 20=		• 2			X\$ 9=		OR	X\$18=	34	
INDEPENDENT CLAIMS			ろ minus 3 =		•		,	X40=		OR	X80=	04	
MULTIPLE DEPENDENT CLAIM PRESENT							ŀ	+135=		OR	+270=		
• If	the difference	in column 1 is	less than zero, enter "0" in column 2				l	TOTAL		OR	TOTAL	746	
(121 of CLAIMS AS AMENDED - PART II											OTHER	7	
¥	101101	(Column 1) CLAIMS		(Colur		(Column 3)	٠,	SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 22	Minus	••	12	=		X\$ 9=		OR	X\$18=		
	Independent	NTATION OF MU	Minus	ENDENT	3 CLAIM			X40=		ÒR	X80=		
	1		JETH LE OLI	LIVEITI	OLAIM		ا	+135=		OR	+270=		
	1/31/0	5					L	TOTAL DDIT, FEE		OR	TOTAL ADDIT, FEE		
	- 1	(Column 1)		(Colur		(Column 3)				-			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		PLATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 22	Minus	2	2	=		X\$ 9=		OR	X\$18=		
	Independent	NTATION OF MI	Minus	ENDENT	CLAIM	=		X40=		OR.	X80=	·	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=		
	1111100						. 4	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
		(Column 1) CLAIMS		(Colun		(Column 3)				•			
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 22	Minus	•• 6	22	=		X\$ 9=		OR	X \$18=		
	Independent	• 3	Minus .	***	3	=		X40=		OP1	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ᅡ						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
1	he "Highest Num	ber Previously Paid	d For (Total or	Independe	ent) is the	highest numbe	r foun	qs ent ni b	ropriate box	in cot	umn 1.		